

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)

Serial No.  
Application

Filing Date

10/5/79, 189

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2		1						52					
3			1					53					
4			3					54					
5			1	1				55					
6			1	1				56					
7			1	1				57					
8			1	1				58					
9	1							59					
10		1						60					
11			1					61					
12			3					62					
13	1							63					
14		1						64					
15			1					65					
16			1					66					
17			1					67					
18		1						68					
19			1					69					
20		1						70					
21			1					71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
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31								81					
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36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		1						TOTAL IND.					
TOTAL DEP.			1					TOTAL DEP.					
TOTAL CLASGS	8							TOTAL CLASGS					